Image# 12950693950 PAGE 1 / 50

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FURINI 3X	For Other Than An Auth	orized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
American Podiatric Me	edical Association Poli	tical Action Committe	ee
ADDRESS (number and street)	9312 Old Georgetown Road		
Check if different than previously reported. (ACC)	Bethesda		MD 20814-1698
2. FEC IDENTIFICATION N	UMBER ▼ CITY	Y 🛦	STATE ▲ ZIP CODE ▲
C C00008839	3. IS		OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (20 (M3) Jun 20 ((Non-Election Year Only)
(a) Quarterly Reports: April 15	Apr 2	20 (M4) Jul 20 (M	Year Only)
Quarterly Report (0	Q1) (c) 12-Day PRE-Election	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (Cotober 15	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (0 January 31 Year-End Report ()		M M / D D	in the
July 31 Mid-Year Report (Non-electic Year Only) (MY)	on (d) 30-Day POST-Election	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Report for the: Election	n on	in the State of
5. Covering Period 02	2 01 2012	through 0.	
I certify that I have examined the	•	my knowledge and belief it	is true, correct and complete.
	William Dabdoub DPM	[Electronically Filed]	Date 03 / 14 / 2012
NOTE: Submission of false, error	neous, or incomplete information	may subject the person sign	ing this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

02 2012 02 29 2012 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 401108.16 January 1, 2012 (b) Cash on Hand at 437640.16 Beginning of Reporting Period.....

6(c) for Column A and Lines 523292.66 6(a) and 6(c) for Column B).....

523292.66

122184.50

13000.00

Total Disbursements (from Line 31)...... Cash on Hand at Close of 8.

(subtract Line 7 from Line 6(d)).....

(d) Subtotal (add Lines 6(b) and

(c) Total Receipts (from Line 19)

510292.66

85652.50

13000.00

510292.66

Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)

Reporting Period

10. Debts and Obligations Owed BY the Committee (Itemize all on

0.00

Schedule C and/or Schedule D)

0.00

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

R	eport Covering the Period: From: 02	01 2012	To: 02 / 29 / 2012
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	58572.00	83072.00
	(ii) Unitemized(iii) TOTAL (add	27080.50	39112.50
	Lines 11(a)(i) and (ii)▶	85652.50	122184.50
	(b) Political Party Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	85652.50	122184.50
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
40	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18.	Transfers from Non-Federal and Levin Funds (a) Non-Federal Account		
	(from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d),		
	12, 13, 14, 15, 16, 17, and 18(c))▶	85652.50	122184.50
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	85652.50	122184.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	II. Disbursements COLUMN A Total This Period					
Operating Expenditures: (a) Allocated Federal/Non-Federal		Calendar Year-to-Date				
Activity (from Schedule H4)						
(i) Federal Share	0.00	0.00				
#N A1 = 1 1 2	0.00	0.00				
(ii) Non-Federal Share	0.00	0.00				
(b) Other Federal Operating	0.00	0.00				
Expenditures(c) Total Operating Expenditures	0.00	0.00				
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00				
Transfers to Affiliated/Other Party	7					
Committees	0.00	0.00				
Contributions to Federal Candidates/Committees						
and Other Political Committees	13000.00	13000.00				
Independent Expenditures	0.00	0.00				
(use Schedule E) Coordinated Party Expenditures	0.00	0.00				
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00				
(use Schedule F)	7	0.00				
Loan Repayments Made	0.00	0.00				
25an riopaymonio maasiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii						
Loans Made	0.00	0.00				
Refunds of Contributions To: (a) Individuals/Persons Other						
Than Political Committees	0.00	0.00				
F						
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees	0.00	0.00				
(such as PACs)	0.00	0.00				
(d) Total Contribution Refunds						
(add Lines 28(a), (b), and (c))▶	0.00	0.00				
Other Disbursements	0.00	0.00				
_	, , , , , , , , , , , , , , , , , , , ,					
Federal Election Activity (2 U.S.C. §431(20))						
(a) Allocated Federal Election Activity						
(from Schedule H6) (i) Federal Share	0.00	0.00				
(I) Federal Strate						
(ii) "Levin" Share	0.00	0.00				
(b) Federal Election Activity Paid Entirely						
With Federal Funds	0.00	0.00				
(c) Total Federal Election Activity (add						
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00				
Tall Bid and A dilliance						
Total Disbursements (add Lines 21(c), 22,	40000 00					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	13000.00	13000.00				
Total Federal Disbursements						
(subtract Line 21(a)(ii) and Line 30(a)(ii)						
from Line 31)	13000.00	13000.00				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) III. Net Contributions/Operating Ex-

penditures

(from Line 11(d), page 3)

(from Line 28(d)).....

(subtract Line 34 from Line 33)

(add Line 21(a)(i) and Line 21(b))▶

(from Line 15, page 3).....

(subtract Line 37 from Line 36)

33. Total Contributions (other than loans)

35. Net Contributions (other than loans)

36. Total Federal Operating Expenditures

37. Offsets to Operating Expenditures

38. Net Operating Expenditures

34. Total Contribution Refunds

Page 5 **COLUMN A** COLUMN B **Total This Period** Calendar Year-to-Date 85652.50 122184.50 0.00 0.00 85652.50 122184.50 0.00 0.00 0.00 0.00

0.00

0.00

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		6	OF		50	
(check only one)											
	X	11a [11b		11c		12			
		13		14		15		16			17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	g the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical A	Association Political Action Committe	ee
Full Name (Last, First, Middle Initial) Dr. Michael James Chin		Date of Receipt
Mailing Address 15 N. Racine Ave. #501		02 01 2012
City Chicago	State Zip Code IL 60607-2003	Transaction ID : 19695832 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Windy City Foot & Ankle Physicians	Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) 3. Dr. Michael J. Hriljac	·	Date of Receipt
Mailing Address 8511 Hemlock Ln.		02 01 2012
City	State Zip Code	Transaction ID: 19714038
Darien	IL 60561-8416	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Illinois Podiatric Medical Association	Occupation	
Receipt For:	Executive Director	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) C. Dr. Ross E. Taubman	·	Date of Receipt
Mailing Address 506 Hope Ave.		02 02 2012
City Franklin	State Zip Code TN 37067-6205	Transaction ID : 19714194 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Columbia Foot & Ankle Assoc.	Podiatric Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional	1)	800.00
TOTAL This Period (last page this line num	nber only)	

FOR LINE NUMBER:					PAGE		7	OF	50
(check only one)									
X	11a		11b		11c		12	2	
	13		14		15		16	6	17

NAME OF COMMITTEE (In Full)	ssociation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. William N. McCann Mailing Address 18 Jonathan Ln. City Bow FEC ID number of contributing federal political committee. Name of Employer Pillsbury Medical Bldg. Receipt For: Primary General Other (specify)	State Zip Code NH 03304-3713 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 550.00	Date of Receipt 02 02 2012 Transaction ID: 19716262 Amount of Each Receipt this Period 550.00
Full Name (Last, First, Middle Initial) Dr. Matthew L. Burrell Mailing Address 64 Cross Country Ln. City Plymouth FEC ID number of contributing federal political committee. Name of Employer Lake Podiatry, PA Receipt For: Primary General Other (specify)	State Zip Code NH 03264-1138 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt 02 02 2012 Transaction ID: 19716263 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Subodh K. Choudhary Mailing Address 310 Raven Rd. City Greenville FEC ID number of contributing federal political committee. Name of Employer Piedmont Podiatry Receipt For: Primary General Other (specify)	State Zip Code SC 29615-4248 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 1001.00	Date of Receipt Mark Date Date
SUBTOTAL of Receipts This Page (optional).	>	2051.00

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		8	OF		50	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) American Podiatric Medical A	Association Political Action Committe	ee				
Full Name (Last, First, Middle Initial) Dr. Christopher A. Seda		Date of Receipt				
Mailing Address 120 Millwyck Rd.		02 02 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y				
City Lititz	State Zip Code PA 17543-9021	Transaction ID : 19716265 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	300.00				
Name of Employer Self-Employed Receipt For:	Occupation Podiatric Physician					
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00					
Full Name (Last, First, Middle Initial) 3. Dr. D. Charles Greiner Mailing Address 3713 S. High St.		Date of Receipt				
City Columbus	State Zip Code OH 43207-4011	02 02 2012 Transaction ID : 19716266 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	1000.00				
Name of Employer Self-Employed Receipt For:	Occupation Podiatric Physician Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	1000.00					
Full Name (Last, First, Middle Initial) C. Dr. Richard Pat Mistretta		Date of Receipt				
Mailing Address 1745 Riverglen Dr.		02				
City Suwanee	State Zip Code GA 30024-1864	Transaction ID : 19716406 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer Affiliated Foot & Ankle	Occupation Podiatric Physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
SUBTOTAL of Receipts This Page (optional)) >	1550.00				
TOTAL This Period (last page this line number	per only)					

Use separate schedule(s) for each category of the Detailed Summary Page

					PAGE		9	OF		50
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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical A	ssociation Political Action Committe	ee
Full Name (Last, First, Middle Initial) 1. Dr. Mark E. Reiner		Date of Receipt
Mailing Address 2909 Abernathy Lake Cove		02 03 2012
City	State Zip Code	Transaction ID : 19716619
Jonesboro	AR 72404-8403	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
The Podiatry Group, The Foot Doctors,	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1250.00	
Full Name (Last, First, Middle Initial) 3. Dr. Richard A. Bellacosa		Date of Receipt
Mailing Address 7 Tanner Woods		02 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19716630
San Antonio	TX 78248-1629	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer	Occupation	
San Antonio Podiatry Associates	Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. William H. Dabdoub		Date of Receipt
Mailing Address 100 Ayshire Ct.		02 06 2012
City Slidell	State Zip Code LA 70461-5034	Transaction ID : 19716633 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional).		700.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER:					PAGE	_ 1	10	OF		50
(check only one)										
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	d Statements may not be sold or used by any per- the name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
/ American Podiatric Medical A	ssociation Political Action Committe	ee
Full Name (Last, First, Middle Initial) 1. Dr. Robert Paul Taylor		Date of Receipt
Mailing Address 3100 Blue Oak Dr.		02 06 2012
City	State Zip Code	Transaction ID : 19716642
Frisco	TX 75033-7924	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Harry Goldsmith		Date of Receipt
Mailing Address 13337 E. South St. #325		02 01 _2012 _
City	State Zip Code	Transaction ID : 19716818
Cerritos	CA 90703-7308	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	300.00
Name of Employer	Occupation]
Self-Employed	Podiatric Physician]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) C. Dr. Dennis L. Turner		Date of Receipt
Mailing Address 5 Wedgewood Way		02 01 2012
City	State Zip Code	Transaction ID : 19716824
Scotch Plains	NJ 07076-2727	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Self-Employed	Podiatric Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	500.00	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (entione)		1300.00
CODITION OF THE Page (optional).	>	
TOTAL This Period (last page this line numb	er only)	

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(che	ck only	or	ne)						
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Full Name (Last, First, Middle Initial) Dr. Mark D. Dollard		
Mailing Address 12353 Green Horne St.		Date of Receipt
C:h.	State Zip Code	02 01 2012
City Herndon	State Zip Code VA 20171-2132	Transaction ID : 19716826
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 300.00
Name of Employer	Occupation	
Loudoun Foot & Ankle Center	Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	_
Full Name (Last, First, Middle Initial) Dr. Scott Frederick Jorgensen		Date of Receipt
Mailing Address 6917 Dawson Ln.		M M / D D / Y Y Y Y
City Edina	State Zip Code MN 55435-1601	02 02 2012 Transaction ID : 19716831
FEC ID number of contributing federal political committee.	C 33433-1001	Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	_
Self-Employed	Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Alan Weisberg		Date of Receipt
Mailing Address 138 Grande Blvd.		02 02 2012
City Sinking Spring	State Zip Code PA 19608-9349	Transaction ID : 19716832 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		1050.00

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	the name and address of any political committee to	
	ssociation Political Action Committe	ee
Full Name (Last, First, Middle Initial) Dr. Sandra J. Loving		Date of Receipt
Mailing Address 816 Sherman Ct.		02 02 2012
City	State Zip Code	Transaction ID: 19716833
Marina	CA 93933-5041	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) . Dr. Kent L. Magrini		Date of Receipt
Mailing Address 302 Brownwood Estate		02 02 2012
City	State Zip Code	Transaction ID : 19716835
Fort Smith	AR 72916-4029	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
Foot Health Center	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Jane Ann Koch		Date of Receipt
Mailing Address 5411 S. Stonewood Dr.		02 02 2012
City	State Zip Code	Transaction ID : 19716841
Mount Vernon	IN 47620-9688	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
First Podiatry	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional).		1250.00
TOTAL This Period (last page this line numb	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	LINE	NU	MBER	:	PAGE	•	13	OF	50	
(che	ck only	or	ne)							
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or for commercial purposes, other than using	g the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical A	Association Political Action Committe	ee
Full Name (Last, First, Middle Initial) Dr. Peter C. Paicos Jr. Mailing Address Affiliates in Foot Care		Date of Receipt
3 Woodland Rd. #411 City	State Zip Code MA 02180-1714	02 03 2012 Transaction ID : 19716848
Stoneham FEC ID number of contributing federal political committee.	MA 02180-1714	Amount of Each Receipt this Period
Name of Employer Affiliates in Foot Care Receipt For:	Occupation Podiatric Physician	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1053.00	
Full Name (Last, First, Middle Initial) 3. Dr. Alvin J. Kanegis Mailing Address 78 Page Ln.	Date of Receipt	
City Westbury	State Zip Code NY 11590-6213	02 03 2012 Transaction ID : 19716853 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Marc S. Bruell	'	Date of Receipt
Mailing Address 1145 Ryder Rd.		02 03 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Chesterton	State Zip Code IN 46304-3453	Transaction ID : 19716862 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Lakeshore Bone & Joint Institute	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	1)	1653.00
TOTAL This Period (last page this line num	nber only)	

FOF	FOR LINE NUMBER:						14	OF		50		
(che	(check only one)											
X	11a		11b		11c		12					
	13		14		15		16			17		

American Podiatric Medical Association Political Action Committed Full Name (Last, First, Middle Initial) Dr. Lynn LeBlanc Mailing Address 12 Trevor Ln. City State Zip Code East Granby CT 06026-9667 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Podiatric Physician Receipt For: Primary General Aggregate Year-to-Date ▼	Date of Receipt Mark
Other (specify) ▼ 500.00	M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) Dr. Jeffrey Alan Dunkerley Mailing Address Martin Foot & Ankle Center 2003 E. Market St. City York PA 17402-2841 FEC ID number of contributing federal political committee. Name of Employer Martin Foot & Ankle Center Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	Transaction ID: 19717277 Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial) Dr. Kim A. Halladay Mailing Address 5488 Cricket Ln. City State Zip Code	Date of Receipt 02 03 2012 Transaction ID: 19717285 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)	1300.00

_	LINE I	PAGE		15	OF		50				
(check only one)											
X	11a	11	b	11c		12					
	13	14		15		16			17		

	the name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
/ American Podiatric Medical A	ssociation Political Action Committe	ee
Full Name (Last, First, Middle Initial) 1. Dr. Joel W. Brook		Date of Receipt
Mailing Address 16226 Red Cedar Trl.		02 07 2012
City	State Zip Code	Transaction ID : 19719412
Dallas	TX 75248-3940	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Dallas Podiatry Works	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) 3. Dr. William Tarran		Date of Receipt
Mailing Address 1216 Seville Dr.	02 06 2012	
City	State Zip Code	Transaction ID : 19719989
Pacifica	CA 94044-3554	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	650.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	650.00	
Full Name (Last, First, Middle Initial) C. Dr. Elliot B. Zacker		Date of Receipt
Mailing Address 701 N. Atlantic Dr.		02 06 2012
City	State Zip Code	Transaction ID : 19719992
Lantana	FL 33462-1925	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	+
Self-Employed	Podiatric Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional).		1400.00
TOTAL This Period (last page this line numb	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	ng the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Podiatric Medical	Association Political Action Committee	ee
Full Name (Last, First, Middle Initial) Dr. Mark A. Rosales Mailing Address 2420 W. Kiltie Ln.		Date of Receipt
		02 06 2012
City	State Zip Code AZ 86001-9107	Transaction ID: 19719994
Flagstaff		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. S. F. Charley Hartley		Date of Receipt
Mailing Address 2201 Juanita Ln.		M M / D D / Y Y Y Y Y
City	State Zip Code	02 06 2012 Transaction ID : 19719995
Deer Park	TX 77536-4214	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. John M. Wray		Date of Receipt
Mailing Address 916 Claremont Dr.		02 06 2012
City Downers Grove	State Zip Code IL 60516-3541	Transaction ID: 19719996
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	1000.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (ontion	al)	2300.00
OTAL This Period (last page this line nu	mber only)	

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NAME OF COMMITTEE (In Full)	sociation Political Action Committ	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Frank S. Campo Mailing Address N. End Foot Center 260 North St. City Boston FEC ID number of contributing federal political committee. Name of Employer N. End Foot Center Receipt For: Primary General Other (specify)	State Zip Code MA 02113-2106 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt 02 06 2012 Transaction ID: 19720001 Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial) Dr. Harvey S. Karpo Mailing Address 1420 Woodlane Dr. City West Deptford FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code NJ 08093-1727 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt 02 06 2012 Transaction ID: 19720003 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Daniel C. Duffy Mailing Address 1740 Cooper Foster Park Ro City Lorain FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code OH 44053-4201 C Occupation Podiatric Physician Aggregate Year-to-Date 300.00	Date of Receipt 02 06 2012 Transaction ID: 19720006 Amount of Each Receipt this Period 300.00
SUBTOTAL of Receipts This Page (optional)	>	850.00

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City State Zip Code Transaction Saint Cloud MN 56301-9467 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Eugene L. Nassif Jr. Mailing Address 4095 Hickory Hill Ln. S.E. City State Zip Code Transaction Amount of Ear Date of Receipt For: Aggregate Year-to-Date ▼ Date of Receipt For: State Zip Code Transaction	08 2012 ID: 19720829 ch Receipt this Period 500.00
Saint Cloud MN 56301-9467 Amount of Ea FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Eugene L. Nassif Jr. Mailing Address 4095 Hickory Hill Ln. S.E. City State Zip Code Transaction Amount of Ea This is the second of	ch Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Eugene L. Nassif Jr. Mailing Address 4095 Hickory Hill Ln. S.E. City Cedar Rapids FEC ID number of contributing federal political committee. Name of Employer Coccupation Occupation Date of Recei Transaction Amount of Ear Coccupation Occupation Occupation Occupation	
Self-Employed Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Eugene L. Nassif Jr. Mailing Address 4095 Hickory Hill Ln. S.E. City Cedar Rapids FEC ID number of contributing federal political committee. Name of Employer Self Employed Podiatric Physician Aggregate Year-to-Date ▼ Stool.00 Date of Recei Transaction Amount of Ea	
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Eugene L. Nassif Jr. Mailing Address 4095 Hickory Hill Ln. S.E. City Cedar Rapids FEC ID number of contributing federal political committee. Name of Employer Self Employed Aggregate Year-to-Date ▼ 500.00 Date of Recei Transaction Amount of Earl	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Eugene L. Nassif Jr. Mailing Address 4095 Hickory Hill Ln. S.E. City State Zip Code Cedar Rapids IA 52403-3738 FEC ID number of contributing federal political committee. Name of Employer Self Employed Coccupation Coccupation Coccupation	
Date of Recei Mailing Address 4095 Hickory Hill Ln. S.E. City State Zip Code Cedar Rapids IA 52403-3738 FEC ID number of contributing federal political committee. Name of Employer Self Employed	
City State Zip Code Transaction Cedar Rapids IA 52403-3738 Amount of Ea FEC ID number of contributing federal political committee. Name of Employer Self Employed	
City State Zip Code Transaction Cedar Rapids IA 52403-3738 Amount of Ear FEC ID number of contributing federal political committee. Name of Employer Occupation Self Employed	09 2012
Cedar Rapids IA 52403-3738 Amount of Ea FEC ID number of contributing federal political committee. Name of Employer Self Employed	08 2012 ID : 19720834
FEC ID number of contributing federal political committee. Name of Employer Colf Employed	ch Receipt this Period
Colf Employed	350.00
Self-Employed Podiatric Physician	
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial)	
Dr. Ira H. Kraus Date of Recei	
Mailing Address 20 Dogwood Trl.	08 2012
City State Zip Code Transaction	ID : 19721267
Ringgold GA 30736-2725 Amount of Ea	ch Receipt this Period
FEC ID number of contributing federal political committee.	1000.00
Name of Employer Occupation	
Advanced Foot Care Podiatric Physician	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	1850.00

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical A	Association Political Action Committe	ee
Full Name (Last, First, Middle Initial) Dr. Stephen M. Pribut Mailing Address 2144 K St. N.W. #702		Date of Receipt
Mailing Address 2141 K St. N.W. #702		02 08 2012
City Washington	State Zip Code DC 20037-1810	Transaction ID : 19724478
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) 3. Dr. Anthony Hugh Morgan Mailing Address 75 Doubleday Rd.	·	Date of Receipt
City	State Zip Code	02 06 2012 Transaction ID : 19724604
Columbia FEC ID number of contributing federal political committee.	CT 06237-1400	Amount of Each Receipt this Period 250.00
Name of Employer Colchester Foot Specialists	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Leonard F. Pinto Jr.		Date of Receipt
Mailing Address 16 Butten Mews		02 06 2012
City Plymouth	State Zip Code MA 02360-8801	Transaction ID : 19724605 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	I)	850.00
	ber only)	

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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical A	ssociation Political Action Committe	ee
Full Name (Last, First, Middle Initial) Dr. Marc A. Lederman Mailing Address 6 Livingston Rd.		Date of Receipt
City Collinsville	State Zip Code CT 06019-3050	02 07 2012 Transaction ID : 19724613 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer W. Hartford Podiatry Associates	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Maureen Leigh Caldwell Mailing Address 21 Spring Creek Dr.	·	Date of Receipt O2 07 2012
City Victoria	State Zip Code TX 77904-1658	Transaction ID: 19724614
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Podiatry Associates of Victoria	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Andrew John Young		Date of Receipt
Mailing Address 801 W. Commerical St.		02 07 2012
City Victoria	State Zip Code TX 77901-6305	Transaction ID : 19724615 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Podiatry Associates of Victoria	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1300.00
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Full Name (Last, First, Middle Initial) Dr. Angela P. Dominique Mailing Address 6244 Dorsett Woods Dr.		Date of Receipt 02 07 2012
City	State Zip Code	Transaction ID : 19724617
Mount Olive	AL 35117-3644	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Fultondale Foot Clinic	Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Michael J. Kelley	•	Date of Receipt
Mailing Address 2 Gibraltar Dr. N.E.		M = M / D = D / Y = Y = Y
City	State Zip Code	02 07 2012 Transaction ID : 19724619
Rockford	MI 49341-7703	Transaction ID : 19724619 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)	1	
Dr. John D. Ruff		Date of Receipt
Mailing Address 6801 N. Ruff Ln. City	State Zip Code	02 07 2012 Transaction ID : 19724631
Peoria	IL 61614-2843	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	

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NAME OF COMMITTEE (In Full) American Podiatric Medical A	Association Political Action Commit	tee
Full Name (Last, First, Middle Initial) Dr. Gary A. Raymond		Date of Receipt
Mailing Address Rd. 4 Box 148		02 07 2012
City	State Zip Code	Transaction ID: 19724637
Hollidaysburg	PA 16648-9262	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	_
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Andrew C. Schink	l	Date of Receipt
Mailing Address 1715 Cameo Dr.		M = M / D = D / Y = Y = Y
City	State Zip Code	02 07 2012
Eugene	OR 97405-5897	Transaction ID : 19724639
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. William C. Arrington II		Date of Receipt
Mailing Address 359 Ridgemont Dr.		02 09 _2012 _
City	State Zip Code	Transaction ID: 19725012
Forney	TX 75126-5310	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	-
Galloway Foot Center	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SURTOTAL of Receipts This Page (optional) >	1100.00

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Stuart B. Shechter Date of Receipt Mailing Address 459 W. Broadway 09 2012 City Zip Code State Transaction ID: 19725016 NY New York 10012-3157 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Occupation Podiatric Physician Self-Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Richard A. Bronfman Date of Receipt Mailing Address AR Foot & Ankle Clinic 1501 Aldersgate Rd. 02 2012 09 City State Zip Code Transaction ID: 19725018 AR Little Rock 72205-6611 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation AR Foot & Ankle Clinic Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Joseph C. Stuto Date of Receipt Mailing Address 164 Paulding Ave. 09 2012 02 City Zip Code State Transaction ID: 19725020 NY Staten Island 10314-3267 Amount of Each Receipt this Period FEC ID number of contributing 300.00 С federal political committee. Name of Employer Occupation Podiatric Physician Self-Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify)

850.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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American Podiatric Medical A	ssociation Political Action Committee	ree
Full Name (Last, First, Middle Initial) Dr. Gary S. Saphire Mailing Address 248 Avenue P		Date of Receipt
		02 09 2012
City	State Zip Code	Transaction ID: 19725021
Brooklyn	NY 11204-4934	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Lawrence A. Santi		Date of Receipt
Mailing Address 31 Mayflower Ave.		M = M / D = D / Y = Y = Y
City	State 7in Code	02 09 2012
City Williston Park	State Zip Code NY 11596-1517	Transaction ID : 19725022
	11090-1017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. David G. Edwards		Date of Receipt
Mailing Address 1651 Saddle Hill Dr.		02 09 2012 _
City	State Zip Code	Transaction ID: 19725023
Logan	UT 84321-4828	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	+
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	1000.00	
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)	_	1600.00

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NAME OF COMMITTEE (in Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Laura J. Pickard Mailing Address Norridge Foot Clinic 7325 W. Irving Park Rd. City Chicago IL 60634-3547 FEC ID number of contributing federal political committee. Name of Employer Norridge Foot Clinic Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary Tull Name (Last, First, Middle Initial) Dr. R. Daniel Davis Mailing Address 450 Clement Ln. City Orange CT 06477-2803 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Aggregate Year-to-Date ▼ Capacital Capacital Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Podiatric Physician Aggregate Year-to-Date ▼	Date of Receipt M M O2 09 2012 Transaction ID: 19725024 Amount of Each Receipt this Period 1000.00
Mailing Address Norridge Foot Clinic 7325 W. Irving Park Rd. City Chicago IL 60634-3547 FEC ID number of contributing federal political committee. Name of Employer Norridge Foot Clinic Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. R. Daniel Davis Mailing Address 450 Clement Ln. City Orange FEC ID number of contributing federal political committee. C State Zip Code T000.00 C CT 06477-2803 C C CT O6477-2803 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Aggregate Year-to-Date ▼	02 09 2012 Transaction ID: 19725024 Amount of Each Receipt this Period
Mailing Address 450 Clement Ln. City State Zip Code Orange CT 06477-2803 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼	
federal political committee. Name of Employer Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ 1000.00	1000.00
Full Name (Last, First, Middle Initial) Dr. Michael A. Figura Mailing Address 5 Deerfield Ridge Rd. City Chesterfield FEC ID number of contributing federal political committee. Name of Employer County Podiatrists, Inc. Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) State Zip Code MO 63005-6201 C C Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / 2012 Transaction ID: 19725027 Amount of Each Receipt this Period 300.00
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NAME OF COMMITTEE (In Full)	g the name and address of any political committee Association Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Jason Christopher Miller Mailing Address 1735 Sandy Trail Ct.		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City	State Zip Code TX 77339-2933	Transaction ID: 19725030
FEC ID number of contributing federal political committee.	C 77339-2933	Amount of Each Receipt this Period 1000.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Ronald G. Cervetti Mailing Address Cedar Valley Podiatry 4508 Chadwick Rd. City	State Zip Code	Date of Receipt 02 09 2012
Cedar Falls FEC ID number of contributing federal political committee.	IA 50613-7958	Amount of Each Receipt this Period 300.00
Name of Employer Cedar Valley Podiatry Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. David P. Sheldon Mailing Address 4001 W. Royal Dr. City	State Zip Code	Date of Receipt 02 09 2012 Transaction ID : 19725032
Traverse City FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For:	MI 49684-8965 C Occupation Podiatric Physician Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 250.00
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (options	(ls	1550.00
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Kathleen M. Stone Date of Receipt Mailing Address 18807 N. 42nd Ave. 09 2012 02 City State Zip Code Transaction ID: 19725066 85308-7527 Glendale ΑZ Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Podiatric Physician Thunderbird Footcare Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Frederick Samuel Mechanik Date of Receipt Mailing Address 8428 Brook Valley Dr. 02 2012 11 City State Zip Code Transaction ID: 19726499 CO Fountain 80817-4095 Amount of Each Receipt this Period FEC ID number of contributing 1018.00 federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1018.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Kim M. Reichert Date of Receipt Mailing Address 141 Hickory Lake 2012 02 10 City State Zip Code Transaction ID: 19727588 IL Belleville 62223-3441 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Podiatric Physician Associated Foot Surgeons of Belleville Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 2018.00 SUBTOTAL of Receipts This Page (optional).....

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Paul Kinberg Date of Receipt Mailing Address 6023 Gentle Knoll Ln. 2012 02 City State Zip Code Transaction ID: 19727590 TX Dallas 75248-2122 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Lisa M. Schoene Date of Receipt Mailing Address 659 W. Wellington Ave. #3W 02 2012 10 City State Zip Code Transaction ID: 19727591 IL Chicago 60657-5305 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Gurnee Podiatry & Sports Medicine Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Patrick A. McShane Date of Receipt Mailing Address 2605 S. Marlan Ave. 2012 02 10 City Zip Code State Transaction ID: 19727593 MO Springfield 65804-3808 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Podiatric Physician Self-Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	and statements may not be sold or used by any per g the name and address of any political committee t	
NAME OF COMMITTEE (In Full)	Accordation Political Assistance Committee	
/ American Podiatric Medical /	Association Political Action Committe	ee
Full Name (Last, First, Middle Initial) 1. Dr. Michael Helms		Date of Receipt
Mailing Address 6380 Oxbow Way		02 10 2012
City	State Zip Code	Transaction ID: 19727594
Indianapolis	IN 46220-7109	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer	Occupation	†
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	300.00	<u></u>
Full Name (Last, First, Middle Initial) 3. Dr. Jay D. Lifshen		Date of Receipt
Mailing Address 5706 Windmier Cir.		02 10 2012
City	State Zip Code	Transaction ID : 19727599
Dallas	TX 75252-5007	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	1000.00
Name of Employer	Occupation	
S.W. Podiatry Associates	Podiatric Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	4000.00	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) C. Dr. Richard A. Armstrong		Date of Receipt
Mailing Address Falmouth Podiatry 342A Gifford St.		02 10 2012
City	State Zip Code	Transaction ID : 19727600
Falmouth	MA 02540-2948	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	1
Falmouth Podiatry	Podiatric Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional	al)	1600.00
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Jerome E. Reeves Date of Receipt Mailing Address 8451 Beverly Rd. #2T 2012 10 City Zip Code State Transaction ID: 19727601 NY Kew Gardens 11415-2109 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Occupation Podiatric Physician Dr. Jerome E. Reeves, P.C. Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Jeffrey R. DeSantis Date of Receipt Mailing Address 2611 Circle Dr. 02 2012 10 City State Zip Code Transaction ID: 19727608 CA Newport Beach 92663-5616 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Dr. Michael Tritto Date of Receipt Mailing Address 14409 White Tree Pl. 2012 02 10 City State Zip Code Transaction ID: 19727609 MD North Potomac 20878-4354 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Podiatric Physician Self-Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1800.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

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or for commercial purposes, other than using	nd Statements may not be sold or used by any per g the name and address of any political committee	
NAME OF COMMITTEE (In Full)	Appointing Political Action Committee	
/ American Podiatric Medical A	Association Political Action Committ	ee
Full Name (Last, First, Middle Initial) L. Dr. Ruth Ann Cooper		Date of Receipt
Mailing Address 4415 Aicholtz Rd. #200		02 09 2012
City	State Zip Code	Transaction ID : 19730913
Cincinnati	OH 45245-5135	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General	Aggregate real to Date ¥	
Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Rae Louise Lantsberger		Date of Receipt
Mailing Address 6417 S.E. 49th Ave.		02 09 2012 _
City	State Zip Code	Transaction ID : 19730914
Portland	OR 97206-6914	Amount of Each Receipt this Period
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FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Gresham Foot Clinic	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) C. Dr. Charles G. Kissel		Date of Receipt
Mailing Address 41 Christine Dr.		02 09 2012
City	State Zip Code	Transaction ID : 19730920
Grosse Pointe Farms	MI 48236-3722	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Medical Center Footcare Associates	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	500.00	
Other (specify) ▼	500.00	
SURTOTAL of Receipts This Page (options	ıl)	3500.00
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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical A	Association Political Action Committee	20
/ American Founding Medical P		
Full Name (Last, First, Middle Initial) L. Dr. Angie Lynn Glynn		Date of Receipt
Mailing Address 4343 N. 600 E.		02 09 2012
City	State Zip Code	Transaction ID : 19730921
Franklin	IN 46131-7865	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Martin J. Faasse	•	Date of Receipt
Mailing Address 4336 Choctaw Dr. S.W.		02 10 2012
City	State Zip Code	Transaction ID : 19730927
Grandville	MI 49418-1732	Amount of Each Receipt this Period
FEC ID number of contributing	0	
federal political committee.	C	300.00
Name of Employer	Occupation	-
Fairlanes Medical Center	Podiatric Physician	
Receipt For:	· · · · · · · · · · · · · · · · · · ·	-
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	300.00	
Full Name (Last, First, Middle Initial)		Data of Danairi
		Date of Receipt
Mailing Address 1310 W. Broadway		02 13 2012
City	State Zip Code	Transaction ID : 19730929
Enid	OK 73703-5719	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
CUPTOTAL of Descripto This Dame (anti-one)		1300.00
SUBTUTAL OF Receipts This Page (optional)	<u> </u>	
TOTAL This Period (last page this line numb	per only)	

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State Zip Code CO 80004-2472 C Occupation Podiatric Physician	Date of Receipt 02 13 2012 Transaction ID: 19730930 Amount of Each Receipt this Period 300.00
CO 80004-2472 C Occupation	02 13 2012 Transaction ID : 19730930 Amount of Each Receipt this Period
CO 80004-2472 C Occupation	Amount of Each Receipt this Period
Occupation	
Occupation	300.00
'	
Podiatric Physician	
Aggregate Year-to-Date ▼	
300.00	
	Date of Receipt
	M = M / D = D / Y = Y = Y
State 7in Code	02 13 2012
· 	Transaction ID : 19730933
000 10 200 1	Amount of Each Receipt this Period
	300.00
Occupation	
Podiatric Physician	
Aggregate Year-to-Date ▼	
300.00	
	Date of Receipt
	02 13 2012
State Zip Code	Transaction ID: 19730936
1VII 48U95-2811	Amount of Each Receipt this Period
C	250.00
Occupation	
Podiatric Physician	
Aggregate Year-to-Date ▼	
250.00	
	850.00
	7
	State Zip Code PR 00910-2604 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ State Zip Code MI 48095-2811 C Occupation Podiatric Physician Aggregate Year-to-Date ▼

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	association Political Action Committ	tee
Full Name (Last, First, Middle Initial) Dr. Marc R. Bernbach Mailing Address 126 Burr Hall Rd.		Date of Receipt
City	State Zip Code	02 13 2012 Transaction ID : 19732126
Middlebury	CT 06762-1403	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Waterbury Podiatry Consultants	Podiatric Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Steven Paul Abramow		Date of Receipt
Mailing Address 76 Alpine Ct.		M = M / D = D / Y = Y = Y
City	State Zip Code	02 13 2012 Transaction ID : 19732127
Demarest	NJ 07627-2313	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
Manhattan Podiatry Associates	Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Stephen John Merena		Date of Receipt
Mailing Address 3 Vista Ct.		02 13 2012
City	State Zip Code	Transaction ID: 19732128
Jericho	VT 05465-2527	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	-
Champlain Valley Foot & Ankle	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	300.00	
Other (specify) ▼	,	
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)		1050.00

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/ American Podiatric Medical As	ssociation Political Action Committ	ee
Full Name (Last, First, Middle Initial) Dr. Garry W. Neltner Mailing Address 3117 Hudnall Ln.		Date of Receipt
	State 7in Code	02 13 2012
City Edgewood	State Zip Code KY 41017-2320	Transaction ID : 19732129 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Foot Care Center	Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Thomas J. Ortenzio	1	Date of Receipt
Mailing Address 2315 Freysville Rd.		M = M / D = D / Y = Y = Y
City	State Zip Code	02 13 2012 Transaction ID : 19732130
Red Lion	PA 17356-8263	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer Associated Foot & Ankle Specialists	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Robert E. Marra		Date of Receipt
Mailing Address 90 Crystal Springs Dr.		02 14 2012
City Tolland	State Zip Code CT 06084-2029	Transaction ID: 19732937
	01 00004-2029	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
	Occupation	
Name of Employer		
Self-Employed	Podiatric Physician	
Self-Employed Receipt For:	Podiatric Physician Aggregate Year-to-Date ▼	
Self-Employed	, , , , , , , , , , , , , , , , , , ,	
Self-Employed Receipt For: Primary General	Aggregate Year-to-Date ▼ 500.00	1300.00

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or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committee to sociation Political Action Committee	
Full Name (Last, First, Middle Initial) A. Dr. Scott L. Shindler Mailing Address 508 James Pl. City Yankton FEC ID number of contributing federal political committee. Name of Employer Shindler Foot Clinic Receipt For: Primary General Other (specify)	State Zip Code SD 57078-1830 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt 14 2012 Transaction ID: 19732939 Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial) Dr. Dusty R. Haverly Mailing Address 6102 Timberknoll Dr. City Macungie FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code PA 18062-8884 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 02 14 2012 Transaction ID: 19732941 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Roderick D. Farley Mailing Address 8001 Merissa Ln. N.E. City Albuquerque FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code NM 87122-3763 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	>	1550.00

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Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical As	sociation Political Action Committe	ee
Full Name (Last, First, Middle Initial) Dr. Faith C. Shapiro Mailing Address 6209 Alt Monte Ave. N.E.		Date of Receipt
Maining Address 6209 AIT MONTE AVE. N.E.		02 14 2012
City	State Zip Code	Transaction ID: 19733035
Albuquerque	NM 87110-2101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
S.W. Podiatry Center	Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Onioi (specify) ▼	555.55	
Full Name (Last, First, Middle Initial) Dr. Gerard J. Kerbleski		Date of Receipt
Mailing Address 10105 Florence Ave. N.E.		02 14 2012
City	State Zip Code	Transaction ID: 19733037
Albuquerque	NM 87122-3911	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Podiatry Associates of NM	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) C. Dr. Briant G. Moyles		Date of Receipt
Mailing Address 651 Franklyn Ave.		02 14 2012
City	State Zip Code	Transaction ID: 19733038
Indialantic	FL 32903-4603	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Melbourne Podiatry Associates	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00
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Pull Name (Last, First, Middle Initial) Dr. Kert W. Howard Mailing Address 7688 W. Portneuf Rd.		Date of Receipt
City	State Zip Code	02 16 2012
Pocatello	ID 83204-7336	Transaction ID: 19734817 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Pocatello Podiatry Associates	Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Bradley Don Beasley	•	Date of Receipt
Mailing Address 1705 W. Montpelier St.		M = M / D = D / Y = Y = Y
City	State Zip Code	02 16 2012 Transportion ID : 10734818
Broken Arrow	OK 74012-8597	Transaction ID : 19734818 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer Restoration Foot & Ankle, PLLC	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Brent Martin Harwood	I	Date of Receipt
Mailing Address Southeast Podiatry 23937 U.S. Hwy. 98 #1		02 16 2012
City Fairhope	State Zip Code AL 36532-3353	Transaction ID: 19734820
·	AL 36532-3353	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
Southeast Podiatry	Podiatric Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	

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NAME OF COMMITTEE (In Full) American Podiatric Medical	Association Political Action Commit	tee
Full Name (Last, First, Middle Initial) Dr. Devang C. Patel		Date of Receipt
Mailing Address 761 Main Ave.		02 16 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19734821
Norwalk	CT 06851-1080	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Patrick Kevin Briggs	•	Date of Receipt
Mailing Address 3012 Pittsburgh St.		02 16 2012
City	State Zip Code	Transaction ID : 19734823
Houston	TX 77005-3817	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	500.00
Name of Employer	Occupation	\dashv
Anchorage Foot & Ankle Specialists	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	riggrogato roa to bate ♥	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Arnold S. Gross	<u>'</u>	Date of Receipt
Mailing Address 5590 Pembrooke Cross	ing	02 16 2012
City	State Zip Code	Transaction ID : 19734913
West Bloomfield	MI 48322-1791	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Curior (apecity)	300.00	
SUBTOTAL of Receipts This Page (option	al)	2000.00
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NAME OF COMMITTEE (In Full) American Podiatric Medical	Association Political Action Committee	tee
Full Name (Last, First, Middle Initial) Dr. Paul R. Glaser Mailing Address 8816 Shipwatch Dr.		Date of Receipt
Mailing Address 8010 Shipwatch Dr.		02 17 2012
City	State Zip Code	Transaction ID: 19737779
Wilmington	NC 28412-3542	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) . Dr. Debra Mary Gibson		Date of Receipt
Mailing Address South Baldwin Podiatry		M = M / D = D / Y = Y = Y
1770 N. Alston St.	State Zip Code	02 21 2012
Foley	AL 36535-2274	Transaction ID : 19737787
-		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
S. Baldwin Podiatry, P.C.	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. James Q. McClelland		Date of Receipt
Mailing Address 2002 12th Ave. N.W. #F		02 21 2012
City	State Zip Code	Transaction ID : 19737791
Ardmore	OK 73401-1206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	_
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (option	al)	1600.00
OTAL This Period (last page this line nu	mber only)	

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Full Name (Last, First, Middle Initial) Dr. Rylan J. Johnson Mailing Address 16630 Elk Horn Rd.		
City Piedmont	State Zip Code SD 57769-2125	Date of Receipt M
FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 250.00	250.00
Full Name (Last, First, Middle Initial) Dr. Samuel Nava Jr. Mailing Address 8381 Navisota Dr. City Lantana FEC ID number of contributing federal political committee. Name of Employer S.W. Podiatry Associates Receipt For: Primary General Other (specify)	State Zip Code TX 76226-7344 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt 02 21 2012 Transaction ID: 19737996 Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial) Dr. Janet Simon Mailing Address 725 Van Buren Pl. S.E. City Albuquerque FEC ID number of contributing federal political committee. Name of Employer Podiatry Associates of NM Receipt For: Primary General Other (specify)	State Zip Code NM 87108-3555 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 1200.00	Date of Receipt Mark
SUBTOTAL of Receipts This Page (optional).		1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 OF 50 (check only one) X 11a
	ny information copied from such Reports and St for commercial purposes, other than using the			
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) American Podiatric Medical Asse	ociation F	Political Action Commit	tee
Α.	Full Name (Last, First, Middle Initial) Dr. Robert R. Bier Mailing Address 16 Monica Dr.			Date of Receipt
	City Edison	State NJ	Zip Code 08820-3224	02 22 2012 Transaction ID : 19740522 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer Self-Employed	Occupation Podiatric Ph	ysician	_
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 300.00	
В.	Full Name (Last, First, Middle Initial) Dr. Kile W. Kinney			Date of Receipt
	Mailing Address 3552 Carnoustie Dr.			02 24 2012

Full Name (Last, First, Middle Initial) Dr. Kile W. Kinney		Date of Receipt
Mailing Address 3552 Carnoustie Dr.		02 24 _2012 _
City	State Zip Code	Transaction ID : 19740531
Martinez	GA 30907-9504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	-
The Foot & Ankle Group	Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) c. Dr. James N. Whipple Date of Receipt Mailing Address 48 Val Halla Rd. 02 27 2012 City State Zip Code Transaction ID: 19741803 ME **Cumberland Center** 04021-4033 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Occupation Self-Employed (ret) Podiatric Physician Receipt For: Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional)				,		7		900	0.00	
TOTAL This Period (last page this line number	only)			7		7	_			

300.00

Primary

Other (specify)

General

					PAGE		43	OF	50	
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		13		14		15		16	;	17

NAME OF COMMITTEE (In Full)	sociation Political Action Committ	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. James P. Hatfield Mailing Address 2596 White Owl Dr. City Encinitas FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code CA 92024-6557 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt 02 24 2012 Transaction ID: 19742313 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Terence Scott Pedersen Mailing Address 122 Lake Shore Dr. City Utica FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code SD 57067-5910 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt 02 27 2012 Transaction ID: 19742323 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Brian W. Cornell Mailing Address 3 Algonquin Dr. City Middletown FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary Other (specify) Other (specify)	State Zip Code RI 02842-4573 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	>	800.00

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	(check only one)								
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	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full)	population Della LA a Const	
/ Arnerican Podiatric Medical As	ssociation Political Action Committe	
Full Name (Last, First, Middle Initial) 1. Dr. Charles M. Lombardi		Date of Receipt
Mailing Address 166-02 12th Rd.		02 28 _ 2012
City	State Zip Code	Transaction ID : 19742354
Beechhurst	NY 11357-2806	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Angela Lee Drury		Date of Receipt
Mailing Address 101 Hospital Loop N.E. #214	1	02 27 _2012 _
City	State Zip Code	7 2012 Transaction ID : 19742437
Albuquerque	NM 87109-2128	Amount of Each Receipt this Period
FEC ID number of contributing	0.130 2.120	
federal political committee.	C	300.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Damien M. Dauphinee		Date of Receipt
Mailing Address 2113 Winthrop Hill Rd.		02 27 2012
City	State Zip Code	Transaction ID : 19742438
Argyle	TX 76226-2103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Complete Foot & Ankle Care of N. TX	Podiatric Physician	[
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1300.00
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TOTAL This Period (last page this line number	r only)	

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	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
/ American Podiatric Medical A	ssociation Political Action Committe	ee
Full Name (Last, First, Middle Initial) 1. Dr. David Stewart Liebow		Date of Receipt
Mailing Address 1202 Peaked Mountain Rd		02 29 2012
City	State Zip Code	Transaction ID : 19742503
Townshend	VT 05353	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	1
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	00 0	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) 3. Dr. Vito J. Rizzo		Date of Receipt
Mailing Address 24 Brentwood Rd.		02 29 2012
City	State Zip Code	Transaction ID : 19742797
Bay Shore	NY 11706-8011	Amount of Each Receipt this Period
FEC ID number of contributing	0	
federal political committee.	C	300.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	1
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	202.25	
Other (specify)	300.00	
Full Name (Last, First, Middle Initial) Dr. Nicholas J. Tanner		Date of Receipt
Mailing Address 238 E. 13th Ave.		02 29 2012
City	State Zip Code	Transaction ID : 19743085
Spokane	WA 99202-1115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	-
Family Foot Center	Podiatric Physician	_
Receipt For:	Aggregate Year-to-Date ▼	Ì
Primary General	200.00	
Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)		900.00
TOTAL This Period (last page this line numb	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

					PAGE		16	OF	50
l '	(check only one)								
X	11a		11b		11c		12		
	13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initial) Dr. Kenneth E. Jacoby Mailing Address 4N 916 Middlecreek Ln.		Date of Receipt
		02 29 2012
City	State Zip Code	Transaction ID: 19763651
Saint Charles	IL 60175	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Elgin Foot & Ankle Center	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Jeannie Y. Jo	•	Date of Receipt
Mailing Address 7602 Old Sturbridge Ln.		02 29 2012
City	State Zip Code	Transaction ID : 19763653
Baton Rouge	LA 70806-7670	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Blake Odell Zobell	1	Date of Receipt
Mailing Address 855 N. 225 W.		02 24 2012
City	State Zip Code	Transaction ID: 19779954
Richfield	UT 84701-1775	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	

SCHEDULE B (FEC Form 3X)			F	OR LINE	NUMBER	:	PAGI	= 47 (OF 5
ITEMIZED DISBURSEMENTS	for eacl	parate schedule(s) h category of the d Summary Page		heck only		X 23	24	25	2
	Detailet			27	28a	28b	28c	29	3
Any information copied from such Reports and State or for commercial purposes, other than using the national state of the commercial purposes.									
NAME OF COMMITTEE (In Full)									
American Podiatric Medical Assoc	iation P	Political Action	n Co	mmitte	е				
Full Name (Last, First, Middle Initial)					Data	(D'alama			
A. Friends Of Rosa Delauro					Date o	f Disburse		Y	Υ
Mailing Address 12 Trumbull Street					02	0	2	2012	
City	State	Zip Code			Trans	ection ID	: 19716292		
New Haven	CT	06511			IIalis	action ib	. 137 10232	•	
Purpose of Disbursement			(011	Amoun	t of Each	Disburseme	ent this I	Period
Candidate Name			Cat	egory/					
Rep. Rosa L. DeLauro				ype			7	1000	.00
Office Sought: House Disburse	ment For: Primary Other (sp	General							
State: CT District: 03									
Full Name (Last, First, Middle Initial)									
Georgia Citizens For Altmire					Date o	f Disburse		YY	Υ
Mailing Address P.O. Box 1776					02		2	2012	
City Freedom	State PA	Zip Code 15042			Trans	saction ID	: 19716298	3	
Purpose of Disbursement		13042	_	_					
			(011	Amoun	t of Each	Disburseme	ent this I	Period
Candidate Name				egory/				1000	00
Rep. Jason Altmire			Т	уре		7	7	1000	
Senate President	ment For: Primary Other (sp	General							
State: PA District: 04 Full Name (Last, First, Middle Initial)									
Renee Ellmers For Congress Com	nmittee					f Disburse			
Mailing Address P.O. Box 904					02	0:		2012	
City	State	Zip Code			Trong	naction ID	. 10716226		
Dunn	NC	28335			irans	saction ID	: 19716326	,	
Purpose of Disbursement				-					
Candidate Name				011	Amoun	t of Each	Disburseme	ent this I	Period
Rep. Renee Ellmers				egory/ ype	1			1000	.00
Office Sought: House Senate President Disburse	ment For: Primary Other (sp	General		21: -			7		
State: NC District: 02									
SUBTOTAL of Disbursements This Page (optional).				····· >			7	3000	.00
TOTAL This Period (last page this line number only	')						7		

SCHEDULE B (FEC Form 3		FOR LINE N	NUMBER: PAGE 48 OF 50
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(oricon oriny	
	Detailed Summary Page	21b	22 🗙 23 24 25 26
[27	28a 28b 28c 29 30b
Any information copied from such Reports a or for commercial purposes, other than using			
NAME OF COMMITTEE (In Full)			
American Podiatric Medical	Association Political Action	n Committee	9
Full Name (Last, First, Middle Initial)			
A. Friends of Lois Capps			Date of Disbursement
Mailing Address PO Box 23940			02 02 2012
City	State Zip Code		Transaction ID : 19716328
Santa Barbara	CA 93121		11alisaction ID : 137 10320
Purpose of Disbursement		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Lois Capps		Туре	2500.00
Office Sought: House Senate President	Disbursement For: 2012 Primary General Other (specify) ▼		
State: CA District: 23			
Full Name (Last, First, Middle Initial)			
B. Ben Cardin For Senate			Date of Disbursement
Mailing Address P.O. Box 21093			02 02 2012
City Catonsville	State Zip Code MD 21228		Transaction ID: 19716330
Purpose of Disbursement		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Sen. Benjamin Cardin		Type	1000.00
Office Sought: House	Disbursement For: 2012		
Senate President	Primary		
State: MD District:	Other (specify)		
Full Name (Last, First, Middle Initial) C. Thoroughbred PAC			Date of Disbursement
- Moroughbrea i AC			M M / D D / Y Y Y Y
Mailing Address 499 South Capitol St. SV	V, Suite 42		02 02 2012
City	State Zip Code		Transaction ID : 40746224
Washington	DC 20003		Transaction ID: 19716331
Purpose of Disbursement		1	
Candidate Name		011 Category/	Amount of Each Disbursement this Period 1000.00
Office Sought: House	Disbursement For:	Туре	
Senate	Primary General		
President	Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional)	·····	4500.00
TOTAL This Period (last page this line num	mber only)	·····•	

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAG	GE 49 OF 50
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	one)	
	Detailed Summary Page	21b	22 🗙 23 24	25 26
Г		27	28a 28b 28c	29 30b
Any information copied from such Reports and Stat or for commercial purposes, other than using the n	ements may not be sold or u ame and address of any polit	sed by any perso cal committee to	on for the purpose of soliciting solicit contributions from sucl	g contributions h committee.
NAME OF COMMITTEE (In Full)				
American Podiatric Medical Asso	ciation Political Actio	n Committe	e	
Full Name (Last, First, Middle Initial)				
A. Mccotter Congressional Committee	ee 			YYY
Mailing Address PO Box 530788			02 02	2012
City	State Zip Code MI 48153		Transaction ID: 1971633	3
Livonia Purpose of Disbursement	40103			
Candidate Name		011	Amount of Each Disbursen	nent this Period
Rep. Thaddeus G. McCotter		Category/		1000.00
	ement For: 2012	Туре		
Senate President	Primary General Other (specify) ▼			
State: MI District: 11				
Full Name (Last, First, Middle Initial)			5 . (5)	
B. Jo Bonner For Congress Commit	tee		Date of Disbursement	YYYY
Mailing Address P.O.Box 851232			02 02	2012
City Mobile	State Zip Code AL 36685		Transaction ID: 1971633	37
Purpose of Disbursement		011	Amount of Each Disbursen	nent this Period
Candidate Name		Category/		1000.00
Rep. Josiah Robins Bonner Jr.		Type	7	1000.00
	ement For: 2012 ✓ Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
c. Friends Of Senator Rockefeller			Date of Disbursement	
Mailing Address PO Box 1909			02 02 Y	2012
City Charleston	State Zip Code WV 25327		Transaction ID : 1971633	88
Purpose of Disbursement	VV 25521			
		011	Amount of Each Disbursem	aent this Period
Candidate Name		Category/	Amount of Each Biobarcon	icht this i ched
Sen. John D. Rockefeller IV		Type		1000.00
Senate President	ement For: 2012 Primary General Other (specify)			
State: WV District:				
SUBTOTAL of Disbursements This Page (optional)	······	7	3000.00
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SCHEDULE B (FEC Form 3X)	Han name with a 1 1 1 1 1 1	FOR LINE	FOR LINE NUMBER: PAGE 50 OF 50		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)			
	Detailed Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30	
Any information copied from such Reports and Statem	I nents may not be sold or use				
or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full)					
igr > American Podiatric Medical Associa	ation Political Action	Committe	e		
Full Name (Last, First, Middle Initial)					
A. Wenstrup For Congress			Date of Disbursement		
Mailing Address 512 Missouri Ave			02 29		
City	State Zip Code				
	OH 45226		Transaction ID :	: 19769110	
Purpose of Disbursement					
Candidate Name		011	Amount of Each [Disbursement this Period	
Mr. Brad Wenstrup		Category/ Type		2500.00	
	nent For: 2012	, ypc		7	
Senate	Primary General				
	Other (specify) ▼				
State: OH District: 02					
Full Name (Last, First, Middle Initial) 3.			Date of Disburser	ment	
 -			M M / D		
Mailing Address					
City	State Zip Code				
Purpose of Disbursement					
		Amount of Each Disbursement this Period			
Candidate Name		Category/ Type			
Office Sought: House Disbursem	nent For:	1,700	,	,	
	Primary General				
	Other (specify)				
State: District: Full Name (Last, First, Middle Initial)					
C.			Date of Disburser	ment	
			M M / D I	D / Y Y Y Y	
Mailing Address					
City	State Zip Code				
Purpose of Disbursement					
			Amount of Each [Disbursement this Period	
Candidate Name		Category/			
Office Sought: House Disbursen	aont For:	Туре			
	Primary General				
	Other (specify)				
State: District:					
				2500.00	
SUBTOTAL of Disbursements This Page (optional)		·····•		2500.00	
TOTAL This Period (last page this line number only)				13000.00	
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